

ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Our Lady of Peace Hospital

Year: 2004 City: South Bend Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		4. Operating Expenses	
Inpatient Patient Service Revenue	\$24,232,524	Salaries and Wages	\$3,345,614
Outpatient Patient Service Revenue	\$0	Employee Benefits and Taxes	\$955,296
Total Gross Patient Service Revenue	\$24,232,524	Depreciation and Amortization	\$33,420
2. Deductions from Revenue		Interest Expenses	\$37,817
Contractual Allowances	\$13,936,268	Bad Debt	\$44,166
Other Deductions	\$81,083	Other Expenses	\$4,503,689
Total Deductions	\$14,017,351	Total Operating Expenses	\$8,920,002
3. Total Operating Revenue		5. Net Revenue and Expenses	
Net Patient Service Revenue	\$10,215,173	Net Operating Revenue over Expenses	\$1,459,381
Other Operating Revenue	\$164,210	Net Non-operating Gains over Losses	\$0
		Total Net Gain over Loss	\$1,459,381

Total Operating Revenue	\$10,379,383
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6. Assets and Liabilities	
Total Assets	\$2,443,767
Total Liabilities	\$1,622,234

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$20,015,889	\$12,391,959	\$7,623,930
Medicaid	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$4,216,635	\$1,544,309	\$2,672,326
Total	\$24,232,524	\$13,936,268	\$10,296,256

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0
Bioterrorism Grant	\$3,000	\$3,000	\$0

Number of individuals estimated by this hospital that are involved in education	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four

Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County Location	St Joseph	Community Served	St Joseph County
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Hospital Mission Statement

“We serve together in Trinity in the spirit of the Gospel to heal body, mind, and spirit to improve the health of our communities and to steward the resources entrusted to us”.

Unique Services	Type of Initiatives	Document Available
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Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	5	1	7
Charity Care Allocation	(\$124,000)	(\$3,458)	(\$81,083)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$29,190)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$29,190)
2. Community Health Education	\$0
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$29,190)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Christine Voorde

Telephone number: 574/251-8238

Web Address Information: www.ourladyofpeacehospitaltrinity-health.org

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL
AND OTHER HOSPITALS IN ITS PEER GROUP**

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	62	225
2. % of Salary	Salary Expenses divided by Total Expenses	37.5%	40.5%
3. Average Daily Census	Patient Days divided by annual days (365 days)	24.3%	15.8%
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	27.1	4.2
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$15,362	\$3,664
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$74,106	\$9,112
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	67.6%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NR	\$839
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	82.6%	43.9%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	0.5%	8.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$29,190)	(\$270,794)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	14.1	3.1

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.